## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

03/456/772685

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
_	2741 01 41140		(Column 1)		(Column 2)		1	TYPE		OR	SMALL ENTITY	
TOTAL CLAIMS			62					RATE	FEE	]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			6 2 minus 20=		• 42			X\$ 9=		OR	X\$18=	756
INDEPENDENT CLAIMS			/o minus 3 =		7			X43=		OR	X86=	602
Μŧ	JLTIPLE DEPE	NDENT CLAIM P	ESENT					+145=		OR	+290=	
* 11	the difference	in column 1 is	less than ze	ero, enter	"0" in c	olumn-2	l	TOTAL	<del>                                     </del>	OR	TOTAL	2178
CLAIMS AS AMENDED - PART II											OTHER	
(Column 1) (Column 2) (Co								SMALL	ENTITY	OR	SMALL	
AMENDMENT A	412-05	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	- 61	Minus	" la	2	= ~		X\$ 9=		OR	X\$18=	
	Independent	* / O	Minus	L	0	=		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
<b>1</b>								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)								DDII. FEE		•	ADDIII. FEEL	
AMENDMENT B		CLAIMS REMAINING AFTER		HIGHE NUME PREVIO	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
	Total	AMENDMENT	Minus	PAID F	OR	=	┞	X\$ 9=	FEE		V610	FEE
	Independent	*	Minus	.AAA		=	╽┟			OR	X\$18=	
A	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		L	X43=		OR	X86=	
							<b>'</b>	+145=		OR	+290=	
·								TOTAL DDIT. FEE	•	OR ,	TOTAL ADDIT, FEE	
		(Column_1)	•	(Colum	ın 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9=	i	OR	X\$18=	
	Independent	*	Minus	***		=	┢	X43=		. 1	X86=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPEND			ENDENT	CLAIM		·  -	A-0-		OR	700=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **OR ADDIT. FEE OR ADDIT. FEE												
		ber Previously Paid					r foun	d in the app	ropriate box	in coli	umn 1.	